

My name is Jamie Kapel, and I am an attorney and a mother of 3 children. My youngest child, Lindsey, has a severe allergy to peanuts. I am also the co-chair of advocacy for FARE of CT. FARE, an acronym for Food Allergy Research and Education, is the largest non-profit advocacy group for food allergies in the nation and FARE of Connecticut represents over 100 families in Fairfield county.

While so many people are frequently hearing about the growing prevalence of food allergies among children in this country, I will share with you that I did not fully appreciate the magnitude and danger of this condition until my daughter Lindsey -- at the age of 4 years old -- was diagnosed with a life threatening food allergy. We had fed her a honey-roasted peanut, thinking it was a good snack and a good source of protein. After eating just a bit of the peanut she developed wheezing and shortness of breath. She recovered that day --- thankfully, my husband, a physician, recognized what was happening and treated her promptly. Other children, and adults, have not been as lucky.

I have been active in FARE for many years, but became specifically involved in advocacy - after the death of Amarria Johnson, a 7-year old girl in Virginia. After a classmate gave her a peanut on the school playground, Ammaria developed hives and shortness of breath and went to the school nurse's office. The nurse promptly called 911, but did not have any medication to give her -- specifically an epinephrine auto-injector. Paramedics came to the school, and by the time she arrived at the hospital, she was pronounced dead as a result of anaphylaxis and cardiac arrest.

Amarria's death sparked a national concern about the availability of epinephrine-pens in schools. Virginia passed a law requiring schools to stock epinephrine and allow school employees to administer it to children without a prescription. Over 30 other states have passed similar legislation.

My daughter is now 15, doing great as a sophomore in high school, and vigilant about traveling everywhere with an epinephrine auto-injector in hand. In addition, Lindsey's school has epinephrine available in case of emergency.

So, I worry much less about Lindsey these days. But, I do worry about other kids – especially the child who doesn't even know that he or she has a life-threatening food allergy; or, the child who has a known food allergy, but has an accidental exposure in a school, and epinephrine is not readily available.

One in every 13 children in this country has a food allergy. Furthermore, a recent study out of Massachusetts concluded that 25% of first time reactions happen in schools. And we all understand what can happen when a child cannot get epinephrine in time.

Our allergist at Mt. Sinai Medical Center in New York recently used the analogy of driving over a cliff to explain the powerful need for using epinephrine. As a car is speeding towards a cliff, the driver can put on the break, up until the moment it hits the edge. After that, there is no way to stop it. Epinephrine must be used in time, or the consequences may be fatal. That is what happened to Ammaria Johnson. The bill before you does not solve all the problems for children facing food allergies. I am not here just to stir compassion, but to help make schools a safer

place for our children. This bill, and this legislative body, has the ability to have a huge impact on preventing the potentially fatal consequences of a food allergy reaction on school grounds in the state of Connecticut. Let us not allow any student in Connecticut to go over that cliff.

Thank you.

Respectfully submitted by:

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